

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025080

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209

Primary Registration District No. 304.3

Registrar's No. 215

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD.

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No. 209 Primary Registration District No. 304.3 Registrar's No. 215

FILED JUN 20 1963

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If outside, give location) 4807 McMasters Ave.	
3. NAME OF DECEASED (Type or print) Louisa Elizabeth Winter Hemmer		4. DATE OF DEATH Month June Day 11 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 5, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Belleville, Ill.	
13a. FATHER'S NAME Fred Winter		13b. MOTHER'S MAIDEN NAME Elizabeth Sattler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address Mrs. B.N. Winchester, 4807 McMasters Ave., Hannibal, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 26 days 3 years 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED - WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Hannibal STATE Mo.	
21. I attended the deceased from: Death occurred at 4:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 6-2-1963	
22a. SIGNATURE <i>Dr. E.M. Lusche by Lillian M. Allman</i> MD		22b. ADDRESS 707 Bdwy, Hannibal, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 14, 1963	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park Hannibal, Mo.	
24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. June 14, 1963	
26. REGISTRAR'S SIGNATURE <i>Dr. E.M. Lusche by Lillian M. Allman</i>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed AMC

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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Permit required 6/14/63